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investigation

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STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each Respondent/Entity/Treasurer

FAX (202) 219-3923

MUR #

NAME OF COUNSEL:
FIRM: Fohn I Swift & Graf
ADDRESS: On South Broad Stired
Phila PA 19107
TELEPHONE- OFFICE (215 335 - 17-00
FAX(315) 238-1968
The above-named individual and/or firm is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.
Nev. 11 soic Haseasit & Start Treasurer
Date Rospondent/Agent/Signature Title(Treasurer/Candidate/Owner)
NAMED RESPONDENT: STAK FOR Service and Margaret
MAILING ADDRESS: P.O. Box 1936 Malici DA 19063 (Pleaso Print)
TELEPHONE-HOME ()
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